

JoAnna Canzoneri McCormick

2609 E 14th
Brooklyn New York

718 690 8124
Email JoAnna Canzoneri McCormick @
outlook.com

August 6, 2015

15cv5867

15cv5870

RECEIVED
CLERK PRO SE OFFICE
2015 AUG 11 A 8:15

Clerk
U S Federal Court
500 Pearl Street
New York NY 10007

RE: ~~Personal~~ Request to Arrest and Press
Charges as to identity Fraud forgers
robbery and Fraud (Guardian/Adoption/Custody)
Dear Honorable Judge

This letter is to inform and advise
that I Request to Arrest and Press Charges
as to identity Fraud forgers ^{robbery} and Fraud
(Guardian/Adoption/Custody) and all and
any other forms of embassament on my ownership and
Enclosed Emancipation without hearing products

Thanks

JoAnna Canzoneri McCormick

JO ANNA MCCORMICK CANZONERI

718 690-8124

~~342 NORTH ATLANTIC BOULEVARD ALHAMBRA CALIFORNIA 91801~~ X m

2609 E 14th Street New York NY

~~July 21, 2012~~ JCM August 06, 2015

Clerk of the Circuit Court

~~Richard J. Daley Center~~

9cm US Federal Court

~~50 West Washington Street~~ 9cm 500 Pearl

~~Chicago Illinois 60602~~ X m New York NY 10007

RE: Emancipation without hearing & marriage certified

DEAR GENTLEMEN:

PLEASE FIND ATTACHED AND ENCLOSED FOR DOCUMENTS FOR THE FILLING OF
~~Emancipation papers~~ without hearing
THE FOLLOWING DOCUMENTS:

CIVIL CASE COVER SHEET

SUMMONS

COMPLAINT (ATTACHMENTS, BREACH OF CONTRACT,

INTENTIONAL TORT, GENERAL NEGLIGENCE AND FRAUD

REQUEST FOR PRODUCTION OF DOCUMENTS

TEMPORARY RETAINING ORDER AND MOTION TO STAY

AFFIDAVIT IN SUPPORT OF APPLICATION FOR WAIVER OF

FILING AND SERVICE FEES AND COSTS AND TO PROCEED

AS A POOR PERSON

PROOF OF SERVICE

X Marriage Certificate

X Emancipation Papers with Hearing

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME IN WRITING

THANK YOU

SINCERELY

Joanna Canzoneri
JO ANNA MCCORMICK CANZONERI
Joanna Canzoneri

2015 AUG 11 A 3:15

RECEIVED
NY PRO SE OFFICE

ATTORNEY OR PARTY ATTORNEY (Print Name, State Bar No., and Address) **McCormick - 2609 E 14th Brooklyn NY**

JO ANNA CANZONERI
 142 North Atlantic Boulevard Alhambra CA 91801
 2609 McDonald Avenue Brooklyn NY 11223 9cm
 TEL/FAX NO 718 966 5961 EMAIL **AR1265@hotmail.com**
 ATTORNEY FOR PARTY IN PRO PER **Clerk of the Circuit Court U.S. Federal Court**

STREET ADDRESS **Richard J Daley Center 500 Pearl**
 MAILING ADDRESS **50 West Washington Street 4cm**
 CITY AND ZIP CODE **Chicago Illinois 60601 New York NY**

CASE NAME **JO ANNA CANZONERI McCormick**

CIVIL CASE COVER SHEET

☒ Unlimited (Amount demanded exceeds \$25,000) ☐ Limited (Amount demanded is \$25,000 or less)

Complex Case Designation
☐ Counter ☐ Joinder
 Filed with first appearance by defendant (Cal. Rules of Court, rule 3-402)

CASE NUMBER
 JUDGE
 DEPT

Rules 3-405 below must be completed (see instructions on page 2)

1. Check one box below for the case type that best describes this case.

Auto Tort
☐ Auto (22)
☐ Uninsured motorists (46)

Other PIP/DWD (Personal Injury/Property Damage/Wrongful Death) Tort
☐ Asbestos (04)
☐ Product liability (24)
☐ Medical malpractice (45)
☐ Other PIP/DWD (23)

Non PIP/DWD (Other) Tort
☐ Business tortious business practice (07)
☐ Civil rights (06)
☐ Defamation (13)
☐ Fraud (16)
☐ Intellectual property (19)
☐ Professional negligence (25)
☐ Other non-PIP/DWD tort (35)

Employment
☐ Wrongful termination (36)
☐ Other employment (15)

Contract
☐ Breach of contract/warranty (06)
☐ Collections (08)
☐ Insurance coverage (16)
☒ Other contract (37)
☐ Property
☐ Eminent domain/condemnation (14)
☐ Wrongful eviction (32)
☐ Other real property (26)

Unjust Debt/Claim
☐ Commercial (31)
☐ Residential (27)
☐ Drugs (38)
☐ Judicial Review
☐ Asset forfeiture (05)
☐ Petition for arbitration award (11)
☐ Writ of mandate (02)
☐ Other judicial review (34)

Provisionally Complex Civil Litigation
 (Cal. Rules of Court, rules 3-400-3-403)
☐ Antitrust/Trade regulation (03)
☐ Construction defect (10)
☐ Mass tort (40)
☒ Securities litigation (28)
☐ Environmental/Toxic tort (30)
☐ Insurance coverage claims arising from the above listed provisionally complex case types (41)

Enforcement of Judgment
☐ Enforcement of judgment (70)

Miscellaneous Civil Complaint
☐ RICO (27)
☐ Other complaint (not specified above) (42)

Miscellaneous Civil Petition
☐ Partnership and corporate governance (21)
☐ Other petition (not specified above) (43)

Emancipation

2. This case ☒ is ☐ is not complex under rule 3-402 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
- a. ☐ Large number of separately represented parties d. ☐ Large number of witnesses
 b. ☐ Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve e. ☐ Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court
 c. ☐ Substantial amount of documentary evidence f. ☐ Substantial postjudgment judicial supervision
3. Type of remedies sought (check all that apply):
 a. ☒ monetary b. ☐ nonmonetary, declaratory or injunctive relief c. ☒ punitive
4. Number of causes of action (specify):
5. This case ☐ is ☒ is not a class action suit.
6. If there are any known related cases, file and serve a notice of related case. (You may use form CA-015.)
- Date **July 21, 2015 9cm August 06, 2015**
JO ANNA CANZONERI McCormick
 (TYPE OR PRINT NAME)

NOTICE

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code) (Cal. Rules of Court, rule 3-220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3-400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a complex case, this cover sheet will be used for statistical purposes only.

— THIS FORM MUST BE KEPT CONFIDENTIAL —

FW-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, SIGN, PRINT NAME, AND ADDRESS)	
Jo Anna Canzoneri, McCormick 342 North Atlantic Boulevard 9cm 2609 E 14th Alhambra California 91808 9cm Brooklyn NY	
TELEPHONE NO.	626 417-3861 9cm 718 6908124
CALIF. ADDRESS (Optional)	
ATTORNEY FOR (Name)	Prose
NAME OF COURT	Clerk of the Circuit Court US Federal
STREET ADDRESS	Richard J. Daley Center 500 Pearl Street
MAILING ADDRESS	50 West Washington Street 9cm New York NY
CITY AND ZIP CODE	Chicago Illinois 60602 9cm
BRANCH NAME	Chicago Illinois 60602 9cm
PLAINTIFF/PETITIONER	Jo Anna Canzoneri McCormick
DEFENDANT/RESPONDENT	
APPLICATION FOR WAIVER OF COURT FEES AND COSTS	
CASE NUMBER	

I request a court order so that I do not have to pay court fees and costs.

1. a. ☒ I am not able to pay any of the court fees and costs.
b. ☐ I am able to pay only the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code): 2609 E 14 Brooklyn NY
342 North Atlantic Boulevard Alhambra CA 91801 9cm
3. a. My occupation, employer, and employer's address are (specify):
Octapharma Plasma Van Nuys CA
b. My spouse's occupation, employer, and employer's address are (specify):
Unknown

4. ☐ I am receiving financial assistance under one or more of the following programs:
a. ☐ SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
b. ☐ CalWORKs: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
c. ☐ Food Stamps: The Food Stamp Program
d. ☐ County Relief, General Relief (G.R.), or General Assistance (G.A.)
5. If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.

- a. ☐ (Optional) My Medi-Cal number is (specify):
b. ☐ (Optional) My social security number is (specify):
560 - 818 - 170158 and my date of birth is (specify):
[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]
c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
[See Form FW-001-INFO, Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☐ My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on this form and all attachments are true and correct.

Date: July 21, 2012

Jo Anna Canzoneri, McCormick

(TYPE OR PRINT NAME)

(Financial Information on back)

Form Adopted for Mandatory Use
Judicial Council of California
FW-001 (Rev. July 1, 2007)

APPLICATION FOR WAIVER OF COURT FEES AND COSTS
(Fee Waiver)

Page 1 of 1
Government Code
§ 68011.1
www.courtinfo.ca.gov

FW-001

PLAINTIFF/PETITIONER: <u>Anna Cantoroni McCormick</u>	CASE NUMBER: _____
DEFENDANT/RESPONDENT: _____	

FINANCIAL INFORMATION

8. ☒ My pay changes considerably from month to month. (If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.)

9. MY MONTHLY INCOME

a. My gross monthly pay is: Plasma \$280.00

b. My payroll deductions are (specify purpose and amount): Donations

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____

(4) _____ \$ _____

My TOTAL payroll deduction amount is: \$ _____

c. My monthly take-home pay is (a. minus b.): \$ _____

d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____

(4) _____ \$ _____

The TOTAL amount of other money is: \$ 0

(If more space is needed, attach page labeled Attachment 9d.)

e. MY TOTAL MONTHLY INCOME IS (c. plus d.): \$ _____

f. Number of persons living in my home: 0

Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____

The TOTAL amount of other money is: \$ _____

(If more space is needed, attach page labeled Attachment 9f.)

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS (a. plus d. plus f.): \$ _____

10. I own or have an interest in the following property:

a. Cash _____ \$ _____

b. Checking, savings, and credit union accounts (list bank):

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____

(4) _____ \$ _____

10. c. Cars, other vehicles, and boats (list make, year, the market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

e. Other personal property—jewelry, furniture, furs, stocks, bonds, etc. (list separately): _____

11. My monthly expenses not already listed in item 9e above are the following:

a. Rent or house payment & maintenance \$ _____

b. Food and household supplies \$ _____

c. Utilities and telephone \$ _____

d. Clothing \$ _____

e. Laundry and cleaning \$ _____

f. Medical and dental payments \$ _____

g. Insurance (life, health, accident, etc.) \$ _____

h. School, child care \$ _____

i. Child, spousal support (prior marriage) \$ _____

j. Transportation and auto expenses (insurance, gas, repair) \$ _____

k. Installment payments (specify purpose and amount):

(1) _____ \$ _____

(2) _____ \$ _____

(3) Student Loan \$ 20.00

The TOTAL amount of monthly installment payments is: \$ 20.00

l. Amounts deducted due to wage assignments and earnings withholding orders: \$ _____

m. Other expenses (specify):

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____

(4) _____ \$ _____

(5) _____ \$ _____

The TOTAL amount of other monthly expenses is: \$ _____

n. MY TOTAL MONTHLY EXPENSES ARE (add a. through m.): \$ _____

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget, if more space is needed, attach page labeled Attachment 12):

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS AND WORKING ADDRESS) JoAnna Canzoneri McCormick 2609 E 14th 342 North Atlantic Boulevard Alhambra California 91803 Telephone No. 626-447-3819 E-MAIL ADDRESS (optional) ATTORNEY FOR (name) 718 690-8124		FOR COURT USE ONLY FV-001
SUPERIOR COURT OF STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME PLANTIFF/PETITIONER DEFENDANT/RESPONDENT		US Federal 500 Pearl New York NY CASE NUMBER
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS		

1. The application was filed on (date):
2. The application was filed by (name) JoAnna Canzoneri McCormick
3. ☒ IT IS ORDERED that the application is granted ☐ in whole ☐ in part (complete item 4 below).
- a. ☒ No payments. Payment of all the fees and costs listed in California Rules of Court, rule 3.61, is waived.
- b. ☐ The applicant shall pay all the fees and costs listed in California Rules of Court, rule 3.61, EXCEPT the following:
- | | |
|---|--|
| (1) <input type="checkbox"/> Filing papers. | (6) <input type="checkbox"/> Sheriff and marshal fees. |
| (2) <input type="checkbox"/> Certification and copying. | (7) <input type="checkbox"/> Reporter's fees* (valid for 60 days). |
| (3) <input type="checkbox"/> Issuing process and certification. | (8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1(c)). |
| (4) <input type="checkbox"/> Transmittal of papers. | (9) <input type="checkbox"/> Other (specify code section): |
| (5) <input type="checkbox"/> Court-appointed interpreter. | |
- Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
- c. Method of payment. The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
- (1) ☐ Pay (specify): percent. (2) ☐ Pay: \$ per month or more until the balance is paid.
- d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:
- | Date | Time | Dept. | Div. | Room |
|------|------|-------|------|------|
| | | | | |
- e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
- f. All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor or upon such recovery.
4. ☐ IT IS ORDERED that the application is denied ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rules 3.50-3.63):
- a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form FW-001-INFO).
- b. ☐ Other (Complete line 4b on page 2).
- c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
- d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a hearing be held:
- a. The substantial evidentiary conflict to be resolved by the hearing is (specify):
- b. The applicant should appear in this court at the following hearing to help resolve the conflict:
- | Date | Time | Dept. | Div. | Room |
|------|------|-------|------|------|
| | | | | |
- c. The address of the court is (specify):
- ☐ Same as above
- d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If Item 3d or Item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: ☐ Clerk, by ☐ Deputy

Form Adopted by Judiciary Use
Judicial Council of California
FV-001 (Rev. January 1, 2007)

ORDER ON APPLICATION FOR WAIVER OF
COURT FEES AND COSTS (Fee Waiver)

Author: LegalNet, Inc.
www.LegalNet.com

PLAINTIFF/PETITIONER (Name): <u>JoAnna Canzener McLarm</u>	FW-003
DEFENDANT/RESPONDENT (Name): _____	

4b ☐ Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at _____, California.

(place):
on (date):

Clerk, by _____

Deputy _____

┌

┌

┌

┌

┌

┌

┌

┌



CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: _____

Clerk, by _____

Deputy _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)
 Jo Anna Canzoneri McCormick
 342 North Atlantic Boulevard
 Athlens CA 91801 Brooklyn NY 11235
 ATTORNEY FOR (Name)
 Clerk US Federal Court
 50 West Washington Street
 Chicago Illinois 60601
 IN THE MATTER OF (NAME)
 McCormick Jo Anna

PETITION FOR DECLARATION OF EMANCIPATION OF MINOR ~~AN~~ Marriage
☐ ORDER PRESCRIBING NOTICE
☒ DECLARATION OF EMANCIPATION ~~without hearing~~ ^{Adult} Emancipation without hearing
☐ ORDER DENYING PETITION

1. My name Jo Anna Canzoneri McCormick 2609 E 14th Street
 My address 342 North Atlantic Boulevard Athlens CA 91801 ^{Brooklyn NY}
 I am a resident of or temporarily domiciled in this county Los Angeles California
 2. I request that the court declare me to be emancipated. (See marriage certificate)
 3. a. I am at least 14 years of age and my date of birth is:
 b. I am willingly living separate and apart from my parents or legal guardian, with the consent of my parents or legal guardian. I have been living apart from them since (date):
 c. I am managing my own financial affairs. I have completed my declaration of income and expenses on form MC-306 and attached it to this petition.
 d. No part of my income comes from any activity that is a crime under the laws of the State of California or of the United States.
 4. My mother's name is:
 Her address is:
☐ Her consent to my emancipation is attached.
☐ Notice to her should not be required because (state reason):
 5. My father's name is:
 His address is:
☐ His consent to my emancipation is attached.
☐ Notice to him should not be required because (state reason):
 6. ☐ I have a legal guardian.
 My guardian's name is:
 My guardian's address is:
☐ My guardian's consent to my emancipation is attached.
☐ Notice to my guardian should not be required because (state reason):
 7. ☒ Other person entitled to notice.
 This person's name is:
 This person's address is:
☐ This person's consent to my emancipation is attached.
☒ Notice to this person should not be required because (state reason): FRAUD GUARDIANSHIP (See Attached Document)
 8. ☐ I am a ☐ dependent child ☐ [probation] ward of the Juvenile Court of _____ County.
 Case number (if known):
 My ☐ social worker ☐ probation officer - in (name):
 His / her consent is attached.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed at (place) Los Angeles ^{CA} California.

on (date) February 09 2011 ^{9th} August 06 2015

Form Approved for Distribution by the
 Judicial Council of California
 MC-306 (Rev. January 1, 2009)

PETITION FOR DECLARATION OF EMANCIPATION OF MINOR,
 ORDER PRESCRIBING NOTICE, DECLARATION OF
 EMANCIPATION, AND ORDER DENYING PETITION

Page 1 of 1
 Printed on Recycled Paper
 100% Recycled Paper

NAME OF MINOR

McCormick Jo Anna

CASE NUMBER

MC-300

ORDER PRESCRIBING NOTICE

9. The court finds that

- a. ☐ All persons entitled to notice of this proceeding have consented to the emancipation and waived notice of hearing.
- b. ☐ The addresses of the following are unknown:

- (1) ☐ Father
- (2) ☐ Mother
- (3) ☐ Legal guardian

c. ☐ Notice to the following persons cannot or should not be given:

d. ☒ Other (specify): *Petitioner was married on 6/3/1969 by a court judge. Also my divorce is invalid due to a minor (baby age could not enter court room for a divorce)*

10. IT IS ORDERED that notice of this proceeding

- a. ☐ is not required. The declaration of emancipation may proceed without hearing.
- b. ☐ is required to the following persons:
- (1) ☐ Father
- (2) ☐ Mother
- (3) ☐ Legal guardian
- (4) ☐ Juvenile Court of _____ County for service on social worker or probation officer
- (5) ☐ District attorney _____ at (time) _____ in (dept) _____

Date: _____

JUDGE OF THE SUPERIOR COURT

DECLARATION OF EMANCIPATION WITHOUT HEARING

(Only if the court has ordered item 10a above.)

The court finds that the petitioner is a person described by Family Code section 7120. All notice requirements have been met or waived by the court. Emancipation is not contrary to the best interests of the child.

THE PETITION IS GRANTED. THE PETITIONER IS DECLARED TO BE EMANCIPATED FOR PURPOSES SET FORTH IN FAMILY CODE SECTION 7050 ET SEQ.

Date: _____

JUDGE OF THE SUPERIOR COURT

ORDER DENYING PETITION

The court finds that the petition on its face fails to establish that the petitioner is a person described by Family Code section 7120.

THE PETITION IS DENIED.

Date: _____

JUDGE OF THE SUPERIOR COURT

DEALT

CLERK'S CERTIFICATE

(Of Declaration of Emancipation)

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: _____

Clerk by _____

Deputy _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)		TELEPHONE NO.	FOR COURT USE ONLY
JoAnna Canzoneri McCormick 312 North Atlantic Boulevard Atlanta GA 30301 718 690 8124 Brooklyn NY			
STREET ADDRESS			
MAILING ADDRESS			
CITY AND ZIP CODE			
BRANCH NAME			
IN THE MATTER OF (NAME)			
JoAnna Canzoneri McCormick, an adult married			
NOTICE OF HEARING — EMANCIPATION OF MINOR AN ADULT			
<input checked="" type="checkbox"/> CONSENT AND WAIVER OF NOTICE Notice of Emancipation without hearing			
1. The minor (name) Adult Name JoAnna Canzoneri McCormick has filed a petition asking the court to declare the minor an EMANCIPATED MINOR. If the petition is granted, the minor will be considered to be over the age of majority for purposes set forth in California Family Code section 7050. 2. A HEARING for the court to consider the petition will be held: Emancipation without hearing			
on (date)	at (time)	In Dept.	Room
TO PARENTS: IF THE PETITION IS GRANTED, THE MINOR, THE MINOR'S REPRESENTATIVE, OR THE DISTRICT ATTORNEY MAY LATER PETITION THE COURT TO RESCIND THE DECLARATION OF EMANCIPATION AND YOU MAY BE LIABLE FOR SUPPORT AND MEDICAL COVERAGE FOR THE MINOR. Adult Date: 02/04/2015 August 06, 2015 JoAnna Canzoneri McCormick			
(THIS OR PRINT NAME) <input type="checkbox"/> PETITIONER <input type="checkbox"/> CLERK			

CONSENT AND WAIVER OF NOTICE

The undersigned give up the right to notice of a hearing on the Petition for Declaration of Emancipation, and consent to a declaration of emancipation without a hearing.

- a. ☐ Mother Signature: _____ Dated: _____
Address: _____
Telephone number: _____
- b. ☐ Father Signature: _____ Dated: _____
Address: _____
Telephone number: _____
- c. ☐ Legal guardian Signature: _____ Dated: _____
Address: _____
Telephone number: _____
- d. ☐ Social worker Signature: _____ Dated: _____
☐ Probation officer Address: _____
Telephone number: _____
- e. ☐ District attorney Signature: _____ Dated: _____
Address: _____
Telephone number: _____

MC-306

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)		TELEPHONE AREA
JoAnna Canzoneri McCormick 242 North Atlantic Boulevard Athens GA 30601		2609 E 14
ATTORNEY FOR (Name)		
Clerk U.S. Federal Richard J. Daley Center 50 West Washington Street Chicago Illinois 60601		500 Pearl New York NY
IN THE MATTER OF (NAME)		
JoAnna Canzoneri McCormick, an adult married		
EMANCIPATION OF MINOR Adult		
INCOME AND EXPENSE DECLARATION		

1. My name and address are:
JoAnna Canzoneri McCormick
242 North Atlantic Boulevard
Athens GA 30601
My telephone number is: 626 263 2262
I have been living at this address since: 2014
I live there with (name and relationship of all persons, including children):
2. My date of birth is: 02/07/1953
3. a. ☐ I am attending school (name of school and grade)
b. ☒ I am not attending school. The highest year of education I have completed is: Some college
4. My occupation is: Self Employed
5. a. ☐ I am employed. My place of employment is (name and address):
b. ☐ I started work there on (date):
c. ☐ I am not employed at the present time. I last worked from (starting month and year) to (ending month and year). My gross monthly earnings were \$:
6. a. ☐ I am not receiving welfare or AFDC and I do not intend to apply for welfare or AFDC.
b. ☐ I am receiving welfare or AFDC. Monthly amount received \$:
c. ☐ I have applied for welfare or AFDC.
d. ☐ I intend to apply for welfare or AFDC.
☒ Inhereth Funds

IN THE MATTER OF (NAME) McCormick Jo Anna	DC-306
---	--------

7. The average of my gross monthly earnings is: Amount
- a. ☐ Salary and wages, including bonuses and overtime \$
- b. ☐ Money received from parents or other adults assisting me \$
 (name and relationship):
- c. ☐ Other (specify source and amount): \$
8. I have the following assets: Value
- a. ☐ Cash \$
- b. ☐ Checking account \$
- c. ☐ Savings account \$
- d. ☐ Stocks, bonds \$
- e. ☐ Vehicle (year, make, model) \$
- f. ☐ Other (specify): \$
9. My monthly expenses are: Amount
- a. ☐ Rent or ☐ Mortgage \$
- b. ☐ Food \$
- c. ☐ Clothing \$
- d. ☐ Phone and utilities \$
- e. ☐ Vehicle \$
- (1) Loan payments \$
- (2) Maintenance \$

I declare under penalty of perjury that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)		TELEPHONE NO.	FOR COURT USE ONLY
Jo Anna Canzoneri McCormick 342 North Atlantic Boulevard Alhambra, CA 91801		9cm	2109 E 14 Brooklyn NY
ATTORNEY FOR (Name)			
Clerk US Federal			
STREET ADDRESS			
MAILING ADDRESS			
CITY AND ZIP CODE			
BRANCH NAME			
IN THE MATTER OF (NAME)			
Jo Anna Canzoneri McCormick a married adult		500 Pearl New York NY	
DECLARATION OF EMANCIPATION OF MINOR AFTER HEARING		CASE NUMBER	
married Adult			

1. This proceeding came on for hearing as follows:

a. Date:

Time:

☐ Dept.☐ Civ.☐ Juven.

b. Judge (name):

c. Present in court:

☐ Petitioner☐ Father☐ Mother☐ Probation officer (name):☐ Social worker (name):☐ County counsel (name):☐ District attorney (name):☒ Other (name and relationship to minor):☐ Attorney (name):☐ Attorney (name):☐ Attorney (name):

2. THE COURT FINDS THAT:

a. ☐ Notice was given as prescribed by the court.b. ☐ Warning has been given to the petitioner's☐ mother☐ father

that a court may rescind the declaration of emancipation and the parents may become liable for the minor's support and medical coverage.

c. The petitioner is a person described by Family Code section 7120.

d. Emancipation is not contrary to the best interests of the petitioner.

3. THE PETITION IS GRANTED. THE PETITIONER IS DECLARED TO BE EMANCIPATED FOR THE PURPOSES SET FORTH IN FAMILY CODE SECTION 7050 ET SEQ.

Date:

JUDGE OF THE SUPERIOR COURT

(Seal)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by

Deputy

Form Adopted by the
Judicial Council of California
SIC 270 (Rev. Jan. 7, 1984)DECLARATION OF EMANCIPATION OF MINOR
AFTER HEARING

Family Code Section 7050

Still married Divorce No good

33738

CERTIFICATE OF REGISTRY OF MARRIAGE

ORIGINAL DATE: 11/20/2010 TO WARD: CERTIFICATION BY: NAJMAH

PERSONAL DATA		PERSONAL DATA		PERSONAL DATA	
1. NAME OF GROOM		2. NAME OF BRIDE		3. DATE OF BIRTH	
Richard Allen		McCormick		Jun 7 1949	
4. AGE AND SEX		5. BIRTHPLACE		6. CITY OF BIRTH	
20 Male		Illinois		Illinois	
7. RESIDENCE OF GROOM		8. RESIDENCE OF BRIDE		9. CITY OF BIRTH	
210 S Monterey St		Alhambra		Los Angeles	
10. PRESENT OR LAST OCCUPATION		11. KIND OF INDUSTRY OR BUSINESS		12. DATE OF MARRIAGE	
Laborer		Carpenter		1/7	
13. NAME OF FATHER OF GROOM		14. BIRTHPLACE OF FATHER		15. NAME OF MOTHER OF GROOM	
Charles McCormick		Alabama		Barbara Festa	
16. NAME OF MOTHER OF GROOM		17. BIRTHPLACE OF MOTHER		18. NAME OF FATHER OF BRIDE	
Jo Ann		California		Joseph J. Conneri	
19. AGE AND SEX		20. BIRTHPLACE OF BRIDE		21. NAME OF MOTHER OF BRIDE	
16 Female		New York		Amelia Masur	
22. RESIDENCE OF BRIDE		23. CITY OF BIRTH		24. NAME OF FATHER OF BRIDE	
309 No Atlantic Blvd		Alhambra		New York	
25. PRESENT OR LAST OCCUPATION		26. KIND OF INDUSTRY OR BUSINESS		27. DATE OF MARRIAGE	
None		None		10	
28. NAME OF FATHER OF BRIDE		29. BIRTHPLACE OF FATHER		30. NAME OF MOTHER OF BRIDE	
Joseph J. Conneri		New York		Amelia Masur	
31. STATE AND COUNTY WHERE THIS MARRIAGE IS TO BE CELEBRATED					
California, Los Angeles					
32. DATE OF MARRIAGE					
Jul 23 1969					
33. TIME OF MARRIAGE					
1:30 PM					
34. NAME OF OFFICIAL					
William G. Sharp					
35. ADDRESS OF OFFICIAL					
105 Angles					
36. ADDRESS OF WITNESS					
7903 S Whitmore					
37. ADDRESS OF WITNESS					
214 S Monterey					
38. ADDRESS OF WITNESS					
Alhambra, California					
39. ADDRESS OF WITNESS					
Alhambra, California					
40. ADDRESS OF WITNESS					
Alhambra, California					
41. ADDRESS OF WITNESS					
Alhambra, California					
42. ADDRESS OF WITNESS					
Alhambra, California					
43. ADDRESS OF WITNESS					
Alhambra, California					
44. ADDRESS OF WITNESS					
Alhambra, California					
45. ADDRESS OF WITNESS					
Alhambra, California					
46. ADDRESS OF WITNESS					
Alhambra, California					
47. ADDRESS OF WITNESS					
Alhambra, California					
48. ADDRESS OF WITNESS					
Alhambra, California					
49. ADDRESS OF WITNESS					
Alhambra, California					
50. ADDRESS OF WITNESS					
Alhambra, California					
51. ADDRESS OF WITNESS					
Alhambra, California					
52. ADDRESS OF WITNESS					
Alhambra, California					
53. ADDRESS OF WITNESS					
Alhambra, California					
54. ADDRESS OF WITNESS					
Alhambra, California					
55. ADDRESS OF WITNESS					
Alhambra, California					
56. ADDRESS OF WITNESS					
Alhambra, California					
57. ADDRESS OF WITNESS					
Alhambra, California					
58. ADDRESS OF WITNESS					
Alhambra, California					
59. ADDRESS OF WITNESS					
Alhambra, California					
60. ADDRESS OF WITNESS					
Alhambra, California					
61. ADDRESS OF WITNESS					
Alhambra, California					
62. ADDRESS OF WITNESS					
Alhambra, California					
63. ADDRESS OF WITNESS					
Alhambra, California					
64. ADDRESS OF WITNESS					
Alhambra, California					
65. ADDRESS OF WITNESS					
Alhambra, California					
66. ADDRESS OF WITNESS					
Alhambra, California					
67. ADDRESS OF WITNESS					
Alhambra, California					
68. ADDRESS OF WITNESS					
Alhambra, California					
69. ADDRESS OF WITNESS					
Alhambra, California					
70. ADDRESS OF WITNESS					
Alhambra, California					
71. ADDRESS OF WITNESS					
Alhambra, California					
72. ADDRESS OF WITNESS					
Alhambra, California					
73. ADDRESS OF WITNESS					
Alhambra, California					
74. ADDRESS OF WITNESS					
Alhambra, California					
75. ADDRESS OF WITNESS					
Alhambra, California					
76. ADDRESS OF WITNESS					
Alhambra, California					
77. ADDRESS OF WITNESS					
Alhambra, California					
78. ADDRESS OF WITNESS					
Alhambra, California					
79. ADDRESS OF WITNESS					
Alhambra, California					
80. ADDRESS OF WITNESS					
Alhambra, California					
81. ADDRESS OF WITNESS					
Alhambra, California					
82. ADDRESS OF WITNESS					
Alhambra, California					
83. ADDRESS OF WITNESS					
Alhambra, California					
84. ADDRESS OF WITNESS					
Alhambra, California					
85. ADDRESS OF WITNESS					
Alhambra, California					
86. ADDRESS OF WITNESS					
Alhambra, California					
87. ADDRESS OF WITNESS					
Alhambra, California					
88. ADDRESS OF WITNESS					
Alhambra, California					
89. ADDRESS OF WITNESS					
Alhambra, California					
90. ADDRESS OF WITNESS					
Alhambra, California					
91. ADDRESS OF WITNESS					
Alhambra, California					
92. ADDRESS OF WITNESS					
Alhambra, California					
93. ADDRESS OF WITNESS					
Alhambra, California					
94. ADDRESS OF WITNESS					
Alhambra, California					
95. ADDRESS OF WITNESS					
Al					

This is to certify that this document is a true copy of the official record filed with the Nigerian Immigration Service.

CONNIE J. McDORMACK
Regional Recruitment Specialist

This work was fully and jointly prepared and executed by the authors, the first and second authors of the *High-Speed Inertial Navigation System*.

ANY ALTERATION OR ERASURE VOID THE WARRANTY

SEP 17 1997



* 日本 9 月 1 日 10 月 1 日 11 月 1 日 12 月 1 日

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

Still married Divorce No good

33738

CERTIFICATE OF REGISTRY OF MARRIAGE
PERSONAL DATA - RECORD TO MARRY - CERTIFICATION OF MARRIAGES

GROOM PERSONAL DATA	1. NAME OF GROOM - PRESENT		2. NAME OF BRIDE		3. NAME OF GROOM - FATHER		4. NAME OF BRIDE - FATHER	
	Richard Allen		McCormick		Charles McCormick		Barbara Festa	
	5. AGE		6. BIRTH DATE		7. BIRTH PLACE		8. BIRTH DATE	
	20		1		Illinois		Feb 7 1953	
BRIDE PERSONAL DATA	9. RESIDENCE OF GROOM - STREET NUMBER, CITY AND STATE		10. CITY OR TOWN		11. COUNTY		12. COUNTY OF MARRIAGE	
	210 N. Monterey St		Alhambra		Los Angeles		Los Angeles	
	13. PRESENT OR LAST OCCUPATION		14. KIND OF INDUSTRY OR BUSINESS		15. HIGHEST SCHOOL GRADE COMPLETED		16. HIGHEST SCHOOL GRADE COMPLETED	
	Laborer		Campers		12		12	
AFFIDAVIT OF BRIDE	17. NAME OF GROOM - FATHER		18. NAME OF BRIDE - FATHER		19. NAME OF GROOM - MOTHER		20. NAME OF BRIDE - MOTHER	
	Charles McCormick		Barbara Festa		Joseph J. Cannoceri		Amalia Nazur	
	21. AGE		22. BIRTH DATE		23. BIRTH PLACE		24. BIRTH DATE	
	16		1		New York		Feb 7 1953	
AFFIDAVIT TO MARRY	25. RESIDENCE OF GROOM - STREET NUMBER, CITY AND STATE		26. CITY OR TOWN		27. COUNTY		28. COUNTY OF MARRIAGE	
	309 No Atlantic Blvd		Alhambra		Los Angeles		Los Angeles	
	29. PRESENT OR LAST OCCUPATION		30. KIND OF INDUSTRY OR BUSINESS		31. HIGHEST SCHOOL GRADE COMPLETED		32. HIGHEST SCHOOL GRADE COMPLETED	
	None		10		10		10	
WITNESSES	33. NAME OF WITNESS		34. SIGNATURE OF WITNESS		35. ADDRESS OF WITNESS		36. ADDRESS OF WITNESS	
	Joseph J. Cannoceri		New York		Amalia Nazur		New York	
	37. NAME OF WITNESS		38. SIGNATURE OF WITNESS		39. ADDRESS OF WITNESS		40. ADDRESS OF WITNESS	
	Alfred P. Pardo		7903 E. Whitmore		Rosemead, California		Rosemead, California	
CERTIFICATION OF PERSON WHO CANNOT APPEAR	41. NAME OF PERSON		42. SIGNATURE OF PERSON		43. ADDRESS OF PERSON		44. ADDRESS OF PERSON	
	James Harvey Brown		111 N. Hill St., Los Angeles, Calif.		111 N. Hill St., Los Angeles, Calif.		111 N. Hill St., Los Angeles, Calif.	
	45. NAME OF PERSON		46. SIGNATURE OF PERSON		47. ADDRESS OF PERSON		48. ADDRESS OF PERSON	
	James Harvey Brown		111 N. Hill St., Los Angeles, Calif.		111 N. Hill St., Los Angeles, Calif.		111 N. Hill St., Los Angeles, Calif.	
LOCAL REGISTRAR OF MARRIAGES	49. DATE ACCEPTED FOR REGISTRATION		50. LOCAL REGISTRAR - SIGNATURE		51. ADDRESS OF REGISTRAR		52. ADDRESS OF REGISTRAR	
	JUL 31 1969		Ray E. Be		111 N. Hill St., Los Angeles, Calif.		111 N. Hill St., Los Angeles, Calif.	
	53. NAME OF REGISTRAR		54. SIGNATURE OF REGISTRAR		55. ADDRESS OF REGISTRAR		56. ADDRESS OF REGISTRAR	
	Ray E. Be		111 N. Hill St., Los Angeles, Calif.		111 N. Hill St., Los Angeles, Calif.		111 N. Hill St., Los Angeles, Calif.	

THIS IS to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

CORRECTION: CORRECTION

SEP 17 2007

019592550

2609 E 14th
Brooklyn NY 11235

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL



7015 0640 0006

5183
AUG 11 2015

RECEIVED
OFFICE
SALES

Clerk
Honorable Judge
United States Federal Court
500 Pearl Street
New York NY 10007

Pro-se JAB 8/12/15



1000



10007

U.S. POSTAGE
PAID
BROOKLYN, NY
AUG 11 2015
AMOUNT
\$7.40
00029815-11



1000781315

